

Direct Deposit Authorization

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442 • Fax: (800) 959-6545

Section 1

Information About You

be o re

A separate form must	You will receive a confirmation lette	You will receive a confirmation letter with the effective date once CalPERS has processed this completed form. You can review your statement online or receive it by mail from the California State Controller's Office. In order to receive			
completed for each type of	can review your statement online o				
tirement benefit to be sent	important information about benefits, payees should keep CalPERS informed of any address changes.				
by Direct Deposit.					
	Name (First Name, Middle Initial, Last Nam	(A)	Social Secur	ity Number or CalPERS ID	
	Namo (Friot Namo, Middle Initial, Edot Nam	5)	000101 00001	ry Nambor of Gan End 15	
	Address			Daytime Phone	
	Address			Daytime Phone	
	City		State	ZIP Code	
Section 2	Information About Your	Account			
			_	1	
If you are authorizing your	□ Checking □ Savings □ In	dividual Doint (If so, Complete Se	ection 3) L	Trust Account *	
payment to your savings					
account or do not have	Routing Number (nine digits)	Account Number			
pre-printed, personalized	induting Number (time digits)	Account Number			
checks, please have	Please use tane to attach your voi	ded, pre-printed personalized check. (Do not stan	le or naner clin No denosit slins)	
your financial institution	riodos dos tapo to ditaciri your voi	dod, pro printou porodnanzou ondok.	Do not otap	or paper one. No aspect ones.	
complete this section.				()	
complete the coulding	Name of Financial Institution			Branch Phone Number	
* Trust Accounts					
You will need to complete	Address				
a CalPERS trust form,					
which can be obtained	City		State	ZIP Code	
by contacting CalPERS.		a named naves and the assessmt numb			
by contacting can Life.	You confirm the identity of the above-named payee and the account number. As a representative of the above named financial institution, you certify the financial institution agrees to receive and deposit the payment identified above.				
	imancial institution, you certify the	illianciai ilistitution agrees to receive a	na aeposit ti	ne payment identined above.	
	Signature of Representative	Print Representative's Name		Date (mm/dd/yyyy)	
	Signature of nepresentative	Fillit nepresentative's Name		Date (IIIII/dd/yyyy)	
	<u> </u>				
Section 3	Information About Joint	Account Holder (If applica	nble)		
	momation About come	Account Holder (II applied	1510)		
	Name		Social Secur	ity Number or CalPERS ID	
			()		
	Address		Daytime Pho	ne	
			1	1	
	City		State	ZIP Code	
	011,		Jiuio	211 OUG	

Put your name and Social Security number or CalPERS ID at the top of every page

Your Name	Social Security Number or CalPERS ID

Section 4

Signature required.

To comply with new **NACHA regulations regarding international ACH Transactions (IAT), CalPERS will not accept requests for electronic fund transfers (EFT) in association with financial institutions outside of the territorial jurisdiction of the United States. (The territorial jurisdiction of the United States includes all 50 states, U.S. territories, U.S. military bases and U.S. embassies in foreign countries.) If your entire benefit allowance will be received by a financial institution outside the territorial jurisdiction of the U.S., you will be issued a paper check in lieu of the EFT.

Direct Deposit statements are available online.

*** Don't have a Username? Register online at my.calpers.ca.gov.

Certification

I certify I am entitled to the payment identified above. In signing this form, I authorize my payment to be sent to
my financial institution and deposited to my designated account. I authorize amounts transferred after my death
or transmitted in error to be debited from my account. Additionally, I certify that the funds received are not deposited
to an account that is subject to being transferred to a foreign financial institution.**

3	
Signature of Payee	Date (mm/dd/yyyy)
☐ I elect to view my statement online.*** or	
☐ I elect to receive my statement by mail.	

CalPERS Benefit Services Division • P.O. Box 942716, Sacramento, California 94229-2716